

	· 0 · · · · · · · · · · · · · · · · · ·		_										
	in this information to	Angela M. Ar											
_	otor 2 buse, if filing)						_						
Uni	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT PHILADELPHIA DIVIS		ISYLVANIA,								
Cas	se number 17-	16585						Check	k if this is	:			
(If kr	nown)							 An amended filing A supplement showing postpetition chapter 13 income as of the following date: 					
0	fficial Form	106I						M	M / DD/ Y	/YYY			
S	chedule I: `	Your Inco	me									12/15	
spo atta	use. If you are sepach a separate shee tt1: Describe Fill in your emplo	arated and your t to this form. O	re married and not filin spouse is not filing wit n the top of any additio	h you, do nal pages	not include ir , write your n	nforma	atior	about y	our spou ber (if kn	ise. If more	e space is ne swer every qu	eded,	
	information.		Debtor 1				Debtor 2 or non-filing spouse						
	If you have more the attach a separate printering information about	page with	Employment status	_ `	■ Employed□ Not employed				■ Employed□ Not employed				
	employers.		Occupation	Office Worker									
	Include part-time, self-employed work		Employer's name	Panac	ea Technolo	nnologies, Inc.							
	Occupation may in homemaker, if it a	maker, if it applies.			160 Commerce Dr Unit 500 Montgomeryville, PA 18936-9624								
			How long employed th	nere?	2 years				_				
Par	ct 2: Give Det	ails About Mont	hly Income										
	mate monthly inco		e you file this form. If y	ou have no	othing to report	for an	y line	e, write \$0	in the sp	ace. Includ	e your non-filir	ng spouse	
	u or your non-filing s ce, attach a separate		than one employer, comb	oine the inf	ormation for all	emplo	oyers	s for that p	erson on	the lines b	elow. If you ne	ed more	
								For Deb	tor 1		otor 2 or ng spouse		
2.			r, and commissions (be Iculate what the monthly v			2.	\$	3,	487.43	\$	0.00		
3.	Estimate and list	monthly overting	ne pay.			3.	+\$		0.00	+\$	0.00		
4.	Calculate gross I	ncome. Add line	2 + line 3.			4.	\$	3,48	7.43	\$	0.00		

Official Form 106l Schedule I: Your Income page 1

Debtor 1	Arehart, Angela M.	_	Case i	number (if known)	17-1658	5
			For Debtor 1		For Deb	otor 2 or
Co	ppy line 4 here	4.	\$	3,487.43	\$	0.00
5. Li s	st all payroll deductions:					
5. 5 .		5a.	\$	483.77	\$	0.00
5a 5b	· · · · · · · · · · · · · · · · · · ·	5a. 5b.	^Ψ _	0.00	\$	0.00
5c	•	5c.	\$ —	0.00	\$	0.00
5d	· · · · · · · · · · · · · · · · · · ·	5d.	\$	0.00	φ	0.00
5e	,	5e.	\$ —	610.20	\$	0.00
5f.		5f.	\$_	0.00	\$	0.00
5g	•	5g.	<u> </u>	0.00	\$	0.00
5h		5h.+	\$	2.44	· · · ———	0.00
	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	* \$	1,096.41	\$	0.00
		7.	* — \$	·	\$	
	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ф —	2,391.02	Φ	0.00
8. Li s 8a	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	•		•	
	monthly net income.	8a.	\$	0.00	\$	7,348.62
8b		8b.	\$	0.00	\$	0.00
8c	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 	t 8c.	\$	0.00	\$	0.00
8d		8d.	\$ _	0.00	<u>\$</u>	0.00
8e		8e.	<u>\$</u> —	0.00	\$	0.00
8f.	•		* <u> </u>	0.00	\$	0.00
8g		— 8g.	<u>*</u> —	0.00	\$	0.00
8h		8h.+	\$	0.00	· <u> </u>	0.00
9. A c	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	7,348.62
	alculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	2,391.02 + \$	7,348.	62 \$ 9,739.64
Ind oth Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your divertiends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not avecify:	dependent		•	Schedule .	<i>J.</i> 11. +\$ 0.00
	Id the amount in the last column of line 10 to the amount in line 11. The restrite that amount on the Summary of Schedules and Statistical Summary of Certain			•		12. 9,739.64
13. D o	you expect an increase or decrease within the year after you file this form	ı?				Combined monthly income
	No.					

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IN RE:	Case No. <u>17-16585</u> Chapter <u>13</u>					
Arehart, Angela M.						
Debtor(s)						
AMENDED BUS	SINESS INCOME AND EX	KPENSES				
FINANCIAL REVIEW OF THE DEBTOR'S BUS operation.)	INESS (Note: ONLY INCLUI	<u>DE</u> informa	tion directly rel	ated to	the business	
PART A - GROSS BUSINESS INCOME FOR THE P	REVIOUS 12 MONTHS:					
1. Gross Income For 12 Months Prior to Filing:		\$	263,487.00			
PART B - ESTIMATED AVERAGE FUTURE GROS	S MONTHLY INCOME:					
2. Gross Monthly Income:				\$	21,957.25	
PART C - ESTIMATED FUTURE MONTHLY EXPE	ENSES:					
 Net Employee Payroll (Other Than Debtor) Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw materials) Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal residence) Utilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Fees Insurance Employee Benefits (e.g., pension, medical, etc.) Payments to be Made Directly by Debtor to Secur Business Debts (Specify): 	red Creditors for Pre-Petition	\$ \$	3,289.30 180.00 147.00 225.00 1,840.00 625.00 175.00 150.00 197.00			
21. Other (Specify): Contract Labor	7,780.33	\$	7,780.33			
22. Total Monthly Expenses (Add items 3-21)				\$	14,608.63	
PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY	Y INCOME					

7,348.62

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2)